

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029967

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7554

STATE FILE NUMBER

FILED AUG 9 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1511 Arlington</i>		d. STREET ADDRESS (If outside, give location) <i>1407a Bremen</i>	
3. NAME OF DECEASED (Type or print) First <i>George</i> Middle <i>E.</i> Last <i>Goslik</i>		4. DATE OF DEATH Month <i>July</i> Day <i>22</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-20-1918</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Buffer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Swing-A-Way Mfg. Co.</i>	11. BIRTHPLACE (City and state or country) <i>Livingston, Ill.</i>
13a. FATHER'S NAME <i>Joseph Goslik</i>		13b. MOTHER'S MARDEN NAME <i>Anna</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes WW 2</i>		17. INFORMANT Address <i>Magdalena Goslik 1407a Bremen</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Through & Through wound of the left ventricle caused by foreign body, with Hemorrhage; suffered when struck by metal part while working on machine at 1511 Arlington Ave., about 2:37 PM on July 22, 1963.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>9/2-3-5</i>	
20c. TIME OF DEATH Hour <i>2:37</i> Minute <i>37</i> p.m. Month, Day, Year <i>7-22-63</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>1511 Arlington Ave</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo.</i>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____. Death occurred at <i>2:50</i> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Helen L. Taylor, Coroner</i>		22b. ADDRESS <i>1300 Clark Ave.</i>	
22c. DATE SIGNED <i>7-23-63</i>			
23a. BURIAL, CREMATION, PERMANENT (Specify) <i>Burial</i>	23b. DATE <i>July 25 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>			
24. FUNERAL DIRECTOR <i>Edward Koch &amp; Son, 3516 North 14th</i>		25. DATE RECD. BY LOCAL REG. <i>JUL 23 1963</i>	
		26. REGISTRAR'S SIGNATURE <i>Ed Smith, M.D.</i>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No: 4343

P. O. Address: St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.